

The Times-Picayune

Blues are rampant; too few helping

Wednesday, August 02, 2006

By John Pope
Staff writer

In a grim assessment of mental health in post-Katrina New Orleans, two New Orleans psychiatrists say the condition is critical and warn that it probably won't get better anytime soon.

Depression and post-traumatic stress disorder are common complaints, but most mental health professionals have left the city, and the few remaining inpatient psychiatric beds are generally unavailable, they write in today's issue of The Journal of the American Medical Association.

"We have an enormous need," Dr. Mark Townsend, head of the Behavioral Research Clinic at Louisiana State University Health Sciences Center, said in an interview. "It's clear that so many of my colleagues are not able to practice here because their offices are destroyed, and, early on, they had to make decisions about whether to stay."

The future doesn't look good, said Dr. James G. Barbee IV of LSU, who collaborated on the article with Townsend and Dr. Richard H. Weisler of Duke University.

"In the long run, what's needed is leadership in recognizing the needs that are here and getting facilities open and recruiting mental health physicians and other professionals to come back to the area," Barbee said. "So far, my subjective impression is that people are leaving the area, rather than moving in. You hate to see them go, but you can understand why they're leaving."

In their article, the three psychiatrists use statistics from a series of studies to chronicle the wounds Katrina inflicted on local mental health and the people who are supposed to make it better.

About 80 percent of local psychiatrists have left town, according to one study they cited. A survey taken weeks after Katrina slammed into New Orleans showed that nearly half the people interviewed for the study probably needed psychiatric help. Slightly more than one person in four in that poll said at least one household member needed counseling but that fewer than one person in 50 was getting help.

Nearly half of the children in one poll reported depression, anxiety and sleep problems, according to the report, and suicides in Orleans Parish rose nearly threefold in the four months after the storm.

"Living in New Orleans, one can sense a great deal of anxiety and depression," Barbee said. "I'm seeing a tremendous amount of distress in the patients I'm treating."

Adding to the general anxiety, he said, is this all-consuming worry: "I think a lot of people are afraid that we've been forgotten."

Intertwined with mental health problems is a greater risk of such conditions as high blood pressure, heart disease and diabetes, the authors write, as well as increased alcohol, drug and nicotine abuse.

When Barbee returned to New Orleans in September, he said, patients had what he calls "nonspecific anxiety," marked by difficulty sleeping and concentrating, as well as high levels of fatigue.

After most traumas, a feeling that people are going to win out becomes pervasive, he said, but not after Katrina.

"By the holidays, what I was seeing was a lot more depression, and that trend continues," Barbee said. "It seems that the chronic stress of all the uncertainty and all the things that haven't been resolved are wearing people down."

It's hard on therapists, too, Townsend and Barbee said, because they have to detach themselves from what their patients are going through, even though they may have shared many of the same experiences.

"I work every day on being able to work with people and to be able to empathize with them and be able to share the part of myself that has gone through this without letting it interfere with the therapeutic work," Townsend said. "Physicians and psychiatrists can empathize in a gut way with people who have gone through this."

But, he said, going through this day after day with patient after patient "can be really numbing."

For Barbee, doing what he was trained to do hasn't been at all easy since Katrina swept through.

"This has been a peculiar time in my professional life," he said, "because I'm accustomed to being in a detached position when I treat patients because they're going through problems and I'm not, but in this case, it feels like we're all in this together. It's more painful for me as a clinician, but it gives me more understanding of what people are going through."

Because the storm robbed the New Orleans area of nearly 300 psychiatric beds, the authors urge that they be restored as quickly as possible, and that personnel help deliver badly needed psychiatric care.

"We need folks to stand shoulder to shoulder with us and continue the work we're doing," Townsend said. "We don't need observers anymore. We need people who'll work with us."

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